








 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Michael Wagman	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe Street Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Submission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of additional alternate brand names per PR Notice 98-10. <p>This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.. Please contact Steve Delgado at SJDelgad@scj.com (262) 260-1960 with any questions or concerns.</p>			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container <p style="text-align: center;">1 – 12 oz.</p>		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Other <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Steve Delgado		Title Registration Specialist Telephone No. (Include Area Code) (262) 260-1960	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <p style="text-align: center;">(Stamped)</p>

2. Signature 	3. Title Registration Specialist	
4. Typed Name Steve Delgado	5. Date 3 October 2017	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Ms. Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of label change per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms or PR Notice 98-10 and 40CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 – 12 ounces		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <u>OR</u> <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Dan Hollas	Title Registration Specialist		Telephone No. (Include Area Code) (262) 260-2405
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center; font-size: 1.2em;">(Stamped)</div>
2. Signature 		3. Title Registration Specialist	
4. Typed Name Dan Hollas		5. Date 19 December 2018	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Ms. Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of Alternate Brand Names per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms or PR Notice 98-10 and 40CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 – 12 ounces		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <u>OR</u> <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Dan Hollas	Title Registration Specialist		Telephone No. (Include Area Code) (262) 260-2405
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Registration Specialist	
4. Typed Name Dan Hollas		5. Date 28 February 2019	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Ms. Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification of label claims per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula for this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms or PR Notice 98-10 and 40CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 – 12 ounces		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <u>OR</u> <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Dan Hollas	Title Registration Specialist		Telephone No. (Include Area Code) (262) 260-2405
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center; font-size: 1.2em;">(Stamped)</div>
2. Signature 		3. Title Registration Specialist	
4. Typed Name Dan Hollas		5. Date 14 March 2019	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Ms. Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input type="checkbox"/> Notification – Explain below.		<input checked="" type="checkbox"/> Final printed labels in response to Agency letter dated September 23, 2013 <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Submission of Final Printed Labels in response to Agency letter dated September 23, 2013.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 – 12 ounces		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <u>OR</u> <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Dan Hollas	Title Associate Manager, Regulatory Affairs	Telephone No. (Include Area Code) (262) 260-2405	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Associate Manager, Regulatory Affairs	
4. Typed Name Dan Hollas		5. Date 29 October 2019	

 EPA United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 4822-564	2. EPA Product Manager Richard Gebken	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Geneva-P	PM# 10	
5. Name and Address of Applicant (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe Street Racine, WI 53403 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name: _____

Section - II

<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input checked="" type="checkbox"/> Other - Explain below
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Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

REQUEST FOR ONE (1) GOLD SEAL LETTERS FOR THE FOLLOWING COUNTRY:

One (1) Gold Seal Letters for: VIETNAM

Registration Service Fee

Fee Category M006


Fee = \$291.00; Review Time = 1 Month


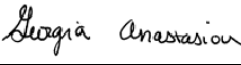
For questions regarding the fee, please contact Jodie Thrune at 262-260-2882 or at JLThrune@scj.com



Section - III



1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Package wgt. container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)		
Name Jodie Thrune, S. C. Johnson & Son, Inc., 1525 Howe Street, Racine WI 53403	Title Registrations Specialist	Telephone No. (Include Area Code) 262-260-2882
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature  for JT	3. Title Registrations Specialist	
4. Typed Name Jodie Thrune	5. Date 11/17/2020	

 EPA United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other (Gold Seals)	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 4822-564		2. EPA Product Manager Elizabeth Fertich	
4. Company/Product (Name) GENEVA-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe Street Racine, WI 53403 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name: _____	
Section - II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) REQUEST FOR ONE (1) GOLD SEAL LETTER FOR <u>Thailand</u> PRIA Category M006 (Fee = \$291.00; Review Time = 1 Month)			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt. No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt. No. per container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Georgia Anastasiou, Lewis & Harrison LLC		Title Agent for S.C. Johnson & Son, Inc.	Telephone No. (Include Area Code) 202-393-3903 x111
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature  for Pamela Honoré		3. Title Associate, Regulatory Affairs	
4. Typed Name Pamela Honoré, S. C. Johnson & Son, Inc. 1525 Howe Street, Racine, WI 53403 Phone: 262-260-0775 E-mail: pkhonore@scj.com		5. Date September 25, 2020	

 United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Ms. Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / GENEVA-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input checked="" type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Application for Amendment; PRIA Category R340; \$5,238 Fee; 4 month decision time.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 – 12 ounces		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <u>OR</u> <input type="checkbox"/> Other <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Dan Hollas		Title Associate Manager, Regulatory Affairs	Telephone No. (Include Area Code) (262) 260-2405
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 		3. Title Associate Manager, Regulatory Affairs	
4. Typed Name Dan Hollas		5. Date 25 November 2020	

 EPA United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number 4822-564		2. EPA Product Manager Richard Gebken	
4. Company/Product (Name) Geneva-P		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe Street Racine, WI 53403 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name: _____	
Section - II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application <input type="checkbox"/> Notification - Explain below. <input checked="" type="checkbox"/> Other - Explain below			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) REQUEST FOR FIVE (5) GOLD SEAL LETTERS FOR THE FOLLOWING COUNTRIES: <u>DOMINICAN REPUBLIC, ANTIGUA & BARBUDA, ARUBA, BARBADOS, BELIZE</u> <u>Registration Service Fee</u> Fee Category M006 Fee = \$291.00; Review Time = 1 Month For questions regarding the fee, please contact Jodie Thrune at 262-260-2882 or at JLThrune@scj.com			
Section - III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per container Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per container Package wgt.	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On labeling accompanying product
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section - IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Jodie Thrune, S. C. Johnson & Son, Inc., 1525 Howe Street, Racine WI 53403		Title Registrations Specialist	Telephone No. (Include Area Code) 262-260-2882
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature  for JT		3. Title Registrations Specialist	
4. Typed Name Jodie Thrune		5. Date 3/22/2021	

Environmental Protection Agency United States Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P (OFF! Deep Woods Sportsmen Insect Repellent VI)		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted PM# Team 4	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Notification of Alternate brand names; STEM Mosquito + Tick Repellent 1, STEM for Your Skin Mosquito + Tick Repellent 1, STEM Family Protection Mosquito + Tick Repellent 1, and STEM On-Body Mosquito + Tick Repellent 1 per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statements to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.			
Section III			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Foil pouch)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 2.5 oz. - 12 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Other <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Josh Hunnicutt	Title Registration Specialist	Telephone No. (Include Area Code) (262) 260-6451	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Registration Specialist		
4. Typed Name Josh Hunnicutt	5. Date July 11, 2022		

United States Environmental Protection Agency Washington, DC 20460		<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
Application for Pesticide - Section I			
1. Company/Product Number S.C. Johnson & Son, Inc. / 4822-564		2. EPA Product Manager Elizabeth Fertich	
4. Company/Product (Name) S.C. Johnson & Son, Inc. / Geneva-P (OFF! Deep Woods Sportsmen Insect Repellent VI)		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Application (Include ZIP Code) S. C. Johnson & Son, Inc. 1525 Howe St. Racine, WI 53403-2236 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. Product Name	
Section II			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated <input checked="" type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.	
Explanation: Notification of Alternate brand names; STEM Mosquito + Tick Repellent 4, STEM for Your Skin Mosquito + Tick Repellent 4, and STEM Family Protection Mosquito + Tick Repellent 4, per PR Notice 98-10. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statements to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action			
Section III			
and penalties under sections 12 and 14 of FIFRA.			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No *Certification must be submitted	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Unit Packaging wgt.	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" Package wgt.	2. Type of Container <input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Foil pouch)
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 2.5 oz. - 12 oz.		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Other <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			
Section IV			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)			
Name Josh Hunnicutt	Title Registration Specialist		Telephone No. (Include Area Code) (262) 260-6451
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statements may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature 	3. Title Registration Specialist		
4. Typed Name Josh Hunnicutt	5. Date August 26, 2022		